

ANNUAL REPORT

ON THE

Health

AND

Sanitary Conditions

OF THE

BOROUGH OF WEYMOUTH

AND

MELCOMBE REGIS,

FOR THE YEAR 1920.

BY

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MEDICAL OFFICER OF HEALTH.

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*To His Worship the Mayor, and the Aldermen and
Councillors of the Borough of Weymouth and Melcombe
Regis.*

*Enderby House,
Weymouth,*

GENTLEMEN,

I have the honour of submitting to you, in accordance with the instructions of the Ministry of Health, my sixteenth Annual Report upon the Health and Sanitary Conditions of the District.

The Vital Statistics as compared with 1919, are most favourable. An increase in the number of births and in the Birth Rate, a decrease in the number of deaths and in the Death Rate, and a most satisfactory decline in the Infantile Death Rate. The Zymotic Diseases have been few and sporadic in character.

The Housing difficulty has not been overcome, though appreciable progress in the development of the Housing Scheme has been made. Generally speaking, the Sanitary Reforms which were in progress so favourably in the few years prior to 1914, and left quiescent during the war, are still in a semi-comatose state, and this inertia we are finding difficult to overcome.

This difficulty is well illustrated by a quotation from Elihu Root, appearing in an article in "The Medical Officer," and recommended by that journal to appear in the preface to Annual Reports. It accurately represents the conditions we have to fight against.

"There never was a reform in the administration of the world, which did not have to make its way against the strong feeling of good, honest men, conversed in existing methods of administration and who saw nothing wrong. It is no impeachment of a man's honesty, his integrity, that he thinks the methods he is familiar with and in which he is engaged are all right. But you cannot make any improvement in this world without over-riding the satisfaction that men have in things as they are, and of which they are a contented and successful part."

The whole of the Staff have carried out their duties loyally and with a thoroughness and disinterestedness, that is the more highly to be appreciated, as their patience and loyalty have been tried to the extreme by the action of the Council in refusing to grant them the Civil Service Scale of increase of salary as recommended by the Ministry of Health and the Ministry of Labour and granted by a majority of Councils throughout the Kingdom, or even to submit the matter to arbitration.

Contentment is a necessity of good service. A continuance of the present state of dissatisfaction must eventually lead to a lessening of efficiency, resignations, and, as has happened previously, fresh appointments at enhanced salaries, which should have been granted the present holders.

Your obedient Servant,

W. B. BARCLAY,

Medical Officer of Health.

NATURAL CONDITIONS OF THE DISTRICT.

PHYSICAL FEATURES.

The Borough of Weymouth and Melcombe Regis is formed from the union of the two ancient and separate Boroughs of Weymouth and Melcombe Regis in 1571. The conjoined Borough was enlarged in 1895 by the inclusion of parts of the ecclesiastical parishes of Wyke and Radipole.

Though the whole Borough is now known popularly as Weymouth, it is easily distinguishable into two component parts, as the Harbour and its prolongation northwards the Backwater or Radipole Lake bisects it. These are united by two bridges Melcombe Regis lies to the west of the Bay and north of the Harbour, and for Municipal purposes is divided into two Wards, North and South. The South Ward, consisting principally of the more ancient part of the Borough, is only slightly elevated over the sea level, the soil being sand and shingle to a depth of eight or ten feet. The North Ward is more modern, and to a greater extent residential, rising by easy gradients to a height of 108 feet and having a more varied geological formation, partly

Oxford clay, with at places a bituminous strata rising to within two feet of the surface. Iron pyrites are largely diffused in the formation towards the North end, and sulphur-impregnated waters are found in this and neighbouring areas.

Weymouth lies to the West and South of the Harbour, and is also divided into two Wards, Weymouth and Wyke Regis. The former, composed of the more ancient portion, rises by steep gradients to a height of 175 feet, and has an entirely different geological formation from Melcombe Regis, the passage from the Oxford clay of the latter being well defined. The formation here is Coral Rag (Coralline Oolite), composed of alternating beds of coarse limestone, calcareous sands, occasional clay partings, and large concretionary masses of grit, the entire thickness of the series being about 250 feet. The higher portions of this and the Wyke Ward have a Southern and Western exposure, overlooking Portland Harbour and the West Bay.

Public Gardens and open spaces abound throughout the Borough.

CLIMATE.

Full details of the Meteorology are given in the Annual Meteorological Report, a comparative study of which for a series of years shows that the Town possesses one of the most equable climates in the country. Its rare geographical position, situated at the extremity of a promontory sheltered from the North and East by the Dorset Hills, with its beautiful crescent Bay facing the East, and with pure, fresh and invigorating breezes from the English Channel fanning it from the West, its wealth of bright sunshine, its small rainfall, its soft yet invigorating atmosphere, free from any oppressive humidity, gives the Town a mild equable and salubrious climate in the winter and a cool bracing air in the summer.

METEOROLOGICAL SUMMARY.

Highest Maximum Temperature	77.1°F.
Lowest Minimum	23.2°F.
Mean Maximum	58.3°F.
Mean Minimum	46.4°F.
Mean Maximum and Minimum	52.3°F.
Difference from Average	+ 1.3°F.
Number of days on which rain fell ...	197
Total fall in millimetres ...	753.0
Mean Relative Humidity ...	80 per cent.
Number of hours of bright sunshine ...	1523.4
Days on which sun shone ...	296

OCCUPATION.

To a considerable extent Weymouth is a residential place. The principal business is that of Boarding-houses or Lodging-houses, some being wholly engaged in this, some being partially so. Other Industries are Engineering, Brewing, Building, Shipping, and to a very small extent Fishing.

CHARITIES AND HOSPITALS.

Several Charities of ancient date and comparatively small amounts exist for the benefit of inhabitants of the District. Three Voluntary Hospitals (two General and one Eye), in addition to the Poor Law Infirmary, provide for the medical needs for the Town and surrounding areas.

POPULATION.

As in the past, anything like an accurate estimate is impossible, and all statistical returns based upon the estimate made by the Registrar-General must be accepted with reserve. For the monthly statistical returns made to the Council during the year I have estimated the population as 22,000, which is probably an under-estimate. The Registrar-General's estimate is for Birth Rate 23.709, for Death Rate 22,508.

The Registrar-General writes as follows:—"In 1920 demobilization had reached a stage at which it is felt that the distinction between 'birth rate populations' and 'death rate populations,' made during the period when a large part of the male population was under arms, might in general be discontinued. For most districts, therefore, a single estimate of population is shown, and this is applicable to both births and deaths. For a few areas which contain an appreciable non-civilian population, however, two estimates of population, one for calculation of the birth rate and one for the civilian death rate, are given, as in recent years."

Birth Rate. Death Rate and Analysis of Mortality for the Year 1920.

	Birth Rate per 1,000 Total Population	ANNUAL DEATH-RATE PER 1,000 POPULATION.									RATE PER 1,000 BIRTHS		PERCENTAGE OF TOTAL DEATHS *			
		All Causes	Enteric Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 Years)	Total Deaths under One Year	Deaths in Public Institutions	Certified Causes	Inquest Cases	Uncertified Causes of Death	
England and Wales	25.4	12.4	0.01	0.19	0.04	0.11	0.15	0.28	0.48	8.3	80	24.3	92.2	6.6	1.2	
London	26.5	12.4	0.01	0.22	0.05	0.17	0.22	0.30	0.47	9.5	75	46.8	91.2	8.6	0.2	
96 Great Towns, including London (Census Populations exceeding 50,000)	26.2	12.5	0.01	0.22	0.04	0.14	0.16	0.31	0.43	10.4	85	31.3	92.2	7.1	0.7	
148 Smaller Towns (census Populations 20,000-50,000)	24.9	11.3	0.02	0.19	0.03	0.10	0.14	0.27	0.38	7.8	80	16.5	93.2	5.3	1.5	
Borough of Weymouth and Melcombe Regis ...	21.7	11.6	0.00	0.00	0.00	0.17	0.00	0.17	0.35	0.00	38	20.7	95.2	4.3	0.4	

WATER SUPPLY.

The Borough is supplied by a Private Company, which also furnishes supplies to various villages outside the Borough area.

The water springs from the upper green sand below the chalk at the foot of a hill near the hamlet of Sutton Poyntz, some three and a half miles from the Town. A number of springs issue from the sides of the hill and run into a small collecting pond 80 feet above sea level, where it is strained and passes immediately to the pumping station, 40 feet lower, from whence it is pumped to two covered reservoirs at Preston, 160 feet higher, and at Wyke Regis, 185 feet higher. From the Preston reservoir it flows by gravitation to a covered reservoir at Rodwell to a height of 142 feet, and these supply the Town, the Wyke Regis reservoir supplying the higher parts of the district. These reservoirs contain about only one day's supply. The supply is on the constant system, and has never failed in sufficiency.

The most recent analysis shows the water to be of a high degree of purity, both chemically and bacteriologically. The temporary hardness is rather high.

RIVERS AND STREAMS.

The River Wey as it enters the Borough becomes tidal and broadens out into a large lake some 250 acres in extent, Radipole Lake or the Backwater, the Southern boundary of which is a masonry dam or Weir possessing lock gates, which at ebb tide retains a certain amount of tidal waters. At all times there is an influx of water over the Weir.

The Backwater, though a thing of beauty, has been an annual source of trouble from the recurring growth of quantities of "Weed," principally *Ulva Latissima* or Lettuce Weed. The growth and accumulation of "Weed" has exceeded anything previously experienced during my term of office. By almost continuous treatment during the summer months the noxious smells of a decade or more ago were only slightly perceptible, and within a very circumscribed area. At the end of the year, and as I write (at the end of January), a large acreage of considerable depth has accumulated at various parts. This is unprecedented in my experience during the winter months, and I attribute it and the general increase throughout the year primarily to the pollution of the waters during the past year or two, by the deposition in them of some thousands of tons of putrescible refuse, and, as ancillary to this, to the lessening of the currents and the flushing action of the tides, by the works at the Westham Bridge.

allowing of the further concentration of the sewage from the Rural District, and the afore-mentioned primary cause.

Two small streams running entirely within the Rural District of Weymouth enter the lake on its Western side.

A small stream enters the Borough on its Western side, and, running through low-lying lands, passes under the Weymouth and Portland Railway, entering the upper part of the Harbour. This stream causes a fairly extensive section of marsh land in the Wyke Regis Ward of the Borough.

After many years of continuous pressure, steps have, at long last, been taken to reclaim some portion of this marsh and to cleanse the channels,

At the North-East end of the Borough the drainage from the higher agricultural land around passes through a series of dykes or channels, and by means of a culvert, thereafter, to the sea. These also cause a section of marsh land, which extends considerably beyond the Borough area. These marsh lands of recent years have become the breeding grounds for mosquitoes, and for some years past extensive measures have been used for the destruction of the mosquito larvæ, by means of spraying with petroleum. Though this spraying has had some effect in lessening the number of these winged pests, the condition of the greater part of this marsh, thickly covered as it is with reeds, has not allowed of a large surface of it being treated, with the result that complaints continued to be received as to the discomforts arising from the bites of the insects. As only some 50 acres, about one-fourth part of the marsh land, is within the Borough area, the owners, lessees, Rural Sanitary Authority and County Council have been communicated with for joint action, and a conference of such held on the spot. Every possible effort has been made to stir these latter into action, but without effect. The danger to the community is such that matters cannot be allowed to remain as they are, but what further action the Town Council are prepared to take against the neighbouring Authority has not been decided.

SEWERAGE AND DRAINAGE.

The sewerage of the Town, so far as the sewers are concerned, is in the Department of the Borough Surveyor.

The sewage, with the exception of two districts, is collected in a large sewage tank with a second subsidiary tank as an overflow in times of storm. From the nature of the district these tanks are below sea level, and all sewage has to be lifted by

pumps, passing through a rising and falling outfall sewer, to a point in the sea some 1,380 feet East of the Nothe, the furthest projecting point of land, and at a depth of 24 feet low water level, ordinary spring tides.

Much of the storm water has been diverted in recent years, by a separate system of sewers direct into tidal waters, lessening the amount to be pumped to sea, and the diversion of the sewage in times of storm to the Backwater. Apart from the general system, there are two local sewers serving the Buxton district, which discharge direct to the sea in Portland Roads. The ventilation of the sewers is by upcast shafts and Webb's lamps. These latter are a considerable expense for upkeep, and, as I recorded a few years ago of doubtful benefit. At any rate, any slight local ventilating action they may have is totally immensurate with their annual cost, and their replacement by upcast shafts would benefit alike the sewers and the rates. Several sewers reported to be defective prior to 1914 have not yet been repaired. The systematic flushing and cleansing of the sewers, many of which have very slight falls, has not yet been resumed.

In previous years, I called attention to the need for some better provision for the surface drainage of the main road facing the Bay, and suggested an entire surface water system.

Towards the end of the year a beginning has been made to replace the old catch pits with their overflow pipes or drains, which for many years had been an eyesore, after a rainstorm, by substituting rubble drains extending for some distance under the sands. This is an improvement upon the old system, but my previous experience of these rubble soak-away drains has made me pessimistic as to their ultimate utility.

In a longer or shorter period, dependent considerably upon the frequency with which the streets are swept, the interstices between the stones forming the drain become clogged with the mud washed from the roadway. The tar spraying of the roads, whilst lessening the dust and thereby the mud, hastens the clogging action, as the first rain storm after the spraying washes down a considerable amount of oily matter. In the meantime, the wait and see principle must be adopted.

CLOSET ACCOMMODATION.

The Water Carriage System of excrement disposal is universal, only three houses on the outskirts of the Town using pail closets; no sewer being available in two cases, and levels in the other not being suitable.

The enforcement of a flushing cistern for each w.c. ceased during the period of the war, and has not yet been resumed, though the number of closets still hand-flushed is now very small. The re-const'ruktion of house drains has again been resumed, and the use of iron drain pipes to replace stone ware is constantly urged both for efficiency and ultimate economy. Their use is becoming more prevalent, principally in the residential portions of the district. All house drains, with the exception of two which discharge direct into the Harbour, are connected with the sewers. These two exceptions have been reported so frequently that it almost seems hopeless to expect that the responsible Committee will exercise their powers of compulsion to the extreme length.

SCAVENGING.

The collection of house refuse is by direct Corporation labour, and is under the Borough Surveyor's Department. The disposal is by means of a Destructor, which, however, has, during a portion of the year, not been in use, the refuse being used for the reclamation of portions of the Backwater, and in December for reclaiming the Marsh land in the Wyke Regis Ward.

The collections are made daily in the business part of the Town, and by-weekly in the residential parts, in some few districts the collections being every alternate day. The revision to the tri-weekly collection in all parts is strongly urged.

Under the Bye-laws each house must be provided with a suitable sanitary bin, and a clause in the Weymouth and Melcombe Regis Corporation Act gives the Council power to define the regulation dust bin, which must be of approved size and construction and made of galvanized iron or enamelled iron.

A beginning was made in 1912 to enforce the provision of a suitable bin to replace the varied receptacles, foul and uncovered, that were in almost universal use, but has been in abeyance during the past six years. Its enforcement has been again urged, but has not received sanction. The removal is by means of covered carts.

Upon the whole, this work is satisfactorily carried out, but is capable of improvement on the lines indicated above.

SANITARY INSPECTOR'S REPORT.

To the Medical Officer of Health.

I beg to submit to you my annual report, dealing with the general sanitary work during the past year.

The General Order of the Ministry of Health, of the 13th December, 1910, Sec. 20, Sub-Sec. 16, gives instructions to Inspectors of Nuisances to submit to the Medical Officer of Health a tabular report as to their work during the year. This, in accordance with the latest Order, is restricted to a mere record of figures.

No. of visits paid	...	...	...	...	1967
No. of tests to drains	...	...	...	...	180

Notices issued during the year:—

Statutory Notices	...	...	...	...	31
Informal Notices	...	...	...	...	29
Section 28, H.T.P.A., 1919	...	...	...	...	9

Total ... 69

Statutory Notices served and amended, 1920	...	...	...	19
Statutory Notices served, 1919, and amended, 1920	...	...	...	4
Statutory Notices not complied with	...	...	...	12
Informal Notices served and amended, 1920	...	...	...	23
Informal Notices served, 1919, and amended, 1920	...	...	...	5
Second Informal Notices served, 1920	...	...	...	3
Section 28, H.T.P.A., 1919, complied with	...	...	...	3

Total ... 69

The following table gives the number and details of the work accomplished:—

No. OF HOUSES INSPECTED AND DEFECTS FOUND

No. of Houses	234
Defective drains	...	...	...	...	...	82
Insanitary yards	...	...	...	...	...	63
Foul and insanitary w.c. pans	...	...	...	...	...	65
Drains not disconnected or ventilated	...	...	...	...	...	53
Inspection chambers improperly constructed	...	...	...	...	...	1
Without and defective scullery sinks	...	...	...	...	...	66
Scullery sink waste pipes untrapped	...	...	...	...	...	17
Defective walls and ceilings	...	...	...	...	...	47
Dirty and dilapidated premises	...	...	...	...	...	32
Drains choked	...	...	...	...	...	8
Offensive accumulations	...	...	...	...	...	7
Defective gutters and down spouts	...	...	...	...	...	64
Fowls kept insanitary	...	...	...	...	...	4
Bell traps fixed	...	...	...	...	...	3
Overcrowding	...	...	...	...	...	1
Cesspools in use	...	...	...	...	...	1

No. OF HOUSES REMEDIED, etc.

No of Houses	53
No. of new buildings, 1 dwelling, 4 others	...	...	...	...	...	5
No. of houses re-drained	...	...	...	...	...
<i>a</i> Stoneware <i>b</i> Iron	...	...	...	...	...	44 <i>a</i> 3 <i>b</i>
No. of house drains repaired	...	...	...	...	...	10
No. of yards repaved	...	...	...	...	...	39
No. of yards repaired	...	...	...	...	...	3
No. of pedestal w.c. pans fixed	...	...	...	...	...	72
No. of flushing cisterns fixed	...	...	...	...	...	68
No. of disconnecting traps fixed	...	...	...	...	...	30
No. of ventilating shafts fixed	...	...	...	...	...	45
No. of fresh air inlets fixed	...	...	...	...	...	30
No. of traps fixed to bath, lavatory and sink waste pipes	...	...	...	...	...	57
No. of inspection chambers constructed	...	...	...	...	...	62
No. of gully traps fixed	...	...	...	...	...	97
No. of bell traps removed	...	...	...	...	...	3
No. of new scullery sinks fixed	...	...	...	...	...	37
Walls and ceilings of premises cleansed	...	...	...	...	...	30
Defective gutters and down spouts repaired	...	...	...	...	...	33
No. of complaints received	...	...	...	...	...	98
No. of choked drains cleared	...	...	...	...	...	8
Offensive accumulations removed	...	...	...	...	...	7
Floors repaired	...	...	...	...	...	34

F. A. FANNER, A.R. San. I.

Sanitary Inspector.

PREMISES OR OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Common Lodging Houses. One, registered annually and well conducted. This is a reduction of one from the previous year.

Houses Let in Lodgings. Sanctioned in 1913. Action suspended owing to the dearth of houses.

Tent and Van Dwellers. Formerly permanent quarters were used by these, with the necessary sanitary accommodation. This land has now been built upon to a great extent, and nomadic van dwellers have had to seek casual quarters. The enforcement of the Bye-laws has been a matter of difficulty in consequence.

Dairies and Cows'eds. The Bye-laws controlling these are obsolete and ineffectual.

Slaughter Houses. The Model Bye-laws of 1915, to supercede those previously in force, have at the close of the year been adopted by the Council, though formal sanction has not yet been received.

Offensive Trades. The various trades affected are as under:—Gut scraping, tripe boiling, fat extraction, dealers in bones, rags or other putrescible matters, nettling or chitterling boiling, fish frying and offal boiling. No cause of complaint has arisen from any of these.

SCHOOLS.

The Public Elementary Schools are, generally speaking, in good condition, with one exception, where attention has been called to the need for alteration or re-construction. Closure for Infectious Disease has not been required.

FOOD SUPPLIES.

MILK.

Two-thirds of the milk supply comes from outside the Borough. The number of cowkeepers within the area is four, occupying five premises. Three of the four cowkeepers are also dairymen, supplying the public direct from the farms. Eighteen cowkeepers in the surrounding Rural area are registered as purveyors of milk within the Borough area: over their premises, method of production, etc., we have no control.

In 1906 I made, by permission, an inspection of the premises of the cowkeepers without the area, who are purveyors of milk within the Borough, and my report was rather an appalling exposure. During 1914 and subsequent years, whilst mobilized as

Specialist Sanitary Officer, further opportunities of inspecting many cowsheds in the West Dorset area were afforded me. Those in the Rural area around were much improved upon the conditions found ten years previously, but much required to be done, both with these and with those within the Borough, before they could be certified to produce milk under Grade A conditions.

A high standard of cleanliness is enacted from those under our control, but is not always maintained. Until the licensing of cowsheds, milkshops, dairies and all premises dealing with milk in any form, is placed under the same conditions as that of public-houses, namely an annual license, the control of the production, distribution and qualities of the milk must remain unsatisfactory.

Milk (Mothers and Children) Order, 1919. This is administered under the Maternity and Child Welfare Committee. No standard of wages is fixed. Each case is dealt with first by the Health Visitors, and upon their report, and after a personal interview, the Medical Officer of Health deals with each case upon its merits. Thirty-four families were assisted for longer or shorter periods throughout the year.

ICE CREAM.

The removal of the restrictions upon the sale of sugar led to an immediate resumption during the season of the manufacture and sale of ice cream. Special powers are given under Sections 72 and 73 of the Weymouth and Melcombe Regis Corporation Act, 1914, for regulating the manufacture, storage and sale of ice cream and other similar commodities, and a circular letter containing the provisions of these Sections was issued to all known or likely to be interested persons, and a strict inspection at frequent intervals was made of all premises, etc., used for the manufacture, sale, etc., of ice cream.

That some such powers as we now possess are required, is shewn by the many peculiar places in which this commodity has been made and stored in the past, not alone by small and itinerant vendors, but by some of the larger and ostensibly high-class manufacturers and vendors. The great difficulty is with the itinerant vendors on the sands and streets, in a lack of sufficient water supply for the cleansing of the glasses in which it is served. On holiday occasions an inspector has to visit many times daily to ensure anything like satisfactory cleansing.

BAKEHOUSES.

With two exceptions, all bakehouses have undergone conversion in recent years, to that modern type of steam ovens, which tends towards economy of labour and of sanitary efficiency. The last underground bakehouse was closed during the year. With the two exceptions mentioned above, a high standard of cleanliness is observed..

SLAUGHTER HOUSES.

Four buildings with nine occupiers are licensed yearly. None of these buildings comply with the rules as to site and structure laid down by the Local Government Board to guide the Sanitary Authority in their issuing of a license, but from long occupation by the same licensee, they have been renewed each year.

Under present financial conditions it is not practicable to press for the erection of a Public Abattoir, so long advocated, but until this is an accomplished fact the present unsatisfactory conditions must continue.

By arrangement with the licensee, no animal is removed from the slaughter-house until the carcass has been examined by the Food Inspector. During the year the carcasses and organs of two cows, affected with general tuberculosis, were seized and destroyed. Butchers or meat salesmen, on receipt of chilled or frozen meat or on removal of same from cold storage, invariably ask for inspection of any suspicious carcass or piece of meat. 50lbs. of beef with bone taint, 59lbs. mutton defrosted and mouldy, and two carcasses of lamb, 41lbs. and 31lbs. respectively defrosted and mouldy, were also dealt with. A list of all food stuffs seized or surrendered and destroyed follows. Two prosecutions were instituted: (1) for sausages, exposed for sale, being unsound and maggoty: fined £2 and one guinea advocate's fee. The second for exposing for sale fish in an unsound condition was fined £5 and £3 advocate's fee.

Registered	...	...	0	0	0
Licensed	...	...	5	4	4
			<hr/>	<hr/>	<hr/>
	Total	...	5	4	4

OTHER FOODS.

A systematic inspection of all places, where foods other than those specifically mentioned, are manufactured, prepared or stored for human consumption, is made, all were found satisfactory.

The Food and Drugs Act and Milk and Cream Regulations are administered by the Police, and come under the jurisdiction of the Watch Committee. The return of the Chief Constable, who is the Inspector under the Act, is appended, and, following, the return of food stuffs destroyed during the year.

SAMPLES TAKEN DURING THE YEAR 1920.

	No.	Genuine.	Adulterated.
Milk	23	20	3
Lard	3	3	0
Cheese	4	4	0
Cream	2	2	0
Butter	7	7	0
Margarine	3	3	0
Baking Powder ..	4	4	0
Egg Powder	1	1	0
Egg Substitute ...	3	3	0
Vinegar	6	6	0
Brandy	1	1	0
Whisky	2	2	0
	<hr/>	<hr/>	<hr/>
	59	56	3

Administrative Action regarding Samples not reported to be genuine. Year ending December 31st, 1920.

Name of article	Identification Number given to sample	Result of Analysis	If any legal proceedings were instituted under the Food and Drugs Act. State fines and costs.	If legal proceedings were taken under Acts other than the Sale of Food and Drugs Act.	If no legal proceedings were taken briefly the course adopted in regard to each sample.	Information as to previous convictions.	Remarks on any special point of Interest.
Milk	3.C.	Deficient in non-fatty solids	Withdrawn	None			
Milk	5.E.	Deficient in non-fatty solids	Dismissed	None			
Milk	7.G.	Deficient in fat.	Dismissed	None			

DATE.			ARTICLES.	APPROX. WEIGHT lbs.	MAGISTRATES ORDERS.	REMARKS.
3	1	20	Two haddocks.	12	1	Seized on inspection, unsound.
17	1	20	Two boxes of herrings.	196	1	Seized at railway station, unsound.
20	1	20	Two barrels of sprats.	366	1	Seized on delivery, unsound.
27	1	20	Six tins of tomatoes, two tins of apricots.			
			Five tins condensed milk, one of syrup, 131 eggs.	38	...	Surrendered.
20	2	20	One carcase of pig, in 18 pieces.	142	1	Seized on inspection, unsound (defrosted).
21	2	20	Four boxes of bloaters.	40	1	Seized on inspection, unsound.
27	2	20	2½ boxes of bloaters, one tin of tongue, four tins of tomatoes.	...	...	Surrendered on inspection, blown tins.
13	3	20	Beef.	50	...	Seized on inspection, bone taint.
18	3	20	Four boxes of herrings.	840	1	Seized at cold storage on inspection, unsound.
18	3	20	Two boxes of whiting.	119	1	Seized on inspection, unsound.
23	3	20	One box of herrings.	112	1	Seized at railway station, unsound.
23	3	20	Bloaters.	12½	1	Surrendered, unsound.
29	3	20	Bloaters.	11½	...	Surrendered, unsound.
16	4	20	Pearl barley.	2	..	Seized on inspection, owner cautioned.
19	4	20	Shrimps.	12	...	Seized on inspection, unsound.
26	4	20	Sixteen boxes of bloaters.	160	1	Seized on inspection, unsound.
4	5	20	Five boxes of bloaters.	50	1	Seized on inspection, unsound.
28	5	20	Cherries.	21	1	Seized on inspection, unsound.
28	5	20	126 eggs, two tins of corned beef, two tins of condensed milk, one tin of lobster, two bottles of pickles, ten tins of tomatoes, five tins of mixed fruits.	58	...	Surrendered, unsound, blown tins.
2	6	20	Eight boxes of bloaters.	80	1	Seized at railway station.
4	6	20	Cherries.	1008	1	Seized on inspection, unsound.
17	6	20	Mixed tinned goods.	14	...	Surrendered.
22	6	20	One carcase of mutton.	59	1	Seized on inspection (defrosted and mouldy).
5	7	20	Two bags of shrimps.	28	1	Seized on inspection, unsound.
5	7	20	Two carcasses and organs of pigs.	337	1	Seized at slaughter-house on inspection, general tuberculosis.
23	7	20	Four bags of potatoes.	448	1	Seized on inspection.
9	8	20	One box mixed fish.	120	1	Seized at railway station, unsound.
9	8	20	Two bunches of bananas.	78	1	Seized on inspection, unsound.
9	8	20	Thirteen tins of mixed goods.	18	...	Surrendered.
11	8	20	Four boxes of mackerel.	244	1	Seized on inspection.
12	8	20	One carcase and organs of a cow.	840	1	Seized at slaughter-house on inspection, general tuberculosis.
14	8	20	Two barrels of pears.	84	1	Seized on inspection.
23	8	20	Pears.	51	1	Seized on inspection.
3	9	20	Fifty-eight mixed fish	119	1	Seized on inspection, owner prosecuted, fined £5 and £3 advocate's fee.
3	9	20	Twelve rock salmon.	119	1	Seized on inspection, stored in a stable same owner as above.
8	9	20	One carcase of a lamb.	41	1	Seized on inspection, unsound (defrosted).
8	9	20	One carcase of a lamb.	31	1	Seized on inspection, unsound (defrosted).
17	9	20	Five tins of mixed goods.	8	1	Surrendered.
9	10	20	Sausages.	9½	1	Seized on inspection, owner prosecuted, fined £2 and £1 advocate's fee.
11	10	20				
14	10	20	One barrel of fish.	168	1	Seized on inspection, unsound.
28	10	20	Twenty boxes of pears.	200	1	Seized on inspection, unsound.
24	11	20	Bacon.	12	1	Seized on inspection, unsound.
21	12	20	Thirteen mixed tinned goods.	16	1	Surrendered, blown, tins unsound.
23	12	20	Smoked haddocks.	14	1	Seized on inspection, unsound.
			Smoked haddocks.	14	1	Seized on inspection, unsound.
29	12	20	One carcase and organs of a cow.	869	1	Seized at slaughter-house on inspection, general tuberculosis.
				7,262lbs.	37	

INFECTIOUS DISEASES.

All Adoptive Acts in connection with Infectious Diseases are in force. One hundred and sixty-three cases were notified, about one-third of the number in the previous year. The distribution follows:—

	No. of cases.	No. of cases treated in Hospital.
Scarlet Fever	10	7
Diphtheria	4	3
Measles	16	0
Rubella	2	0
Varicella	8	0
Ophthalmia Neonatorum.	14	0
Enteric Fever	1	1
Para Typhoid	1	0
Erysipelas	6	0
Pneumonia	13	0
Malaria	2	0
Pertussis	40	0
Puerperal Fever	3	0
Tuberculosis, Pulmonary	36	0
„ Other forms	7	0
	<hr/> 163	<hr/> 11

SCARLET FEVER.

Twelve cases were notified, one tentatively and later withdrawn, and one soldier from the Red Barracks. The actual civilian cases numbered ten, seven of which were removed and treated in Hospital. The cases were extremely sporadic, and no specific focus of infection could be traced. Early in June the simultaneous appearance of sporadic cases in an adjoining hamlet led to an interchange of views and mutual investigation as to a common source of infection between my confrère and myself; nothing definite could be ascertained, though suspicion remained. Later this seemed to be confirmed by a report from a Medical Officer of Health in Wales, that a visitor staying within the small suspect area developed Scarlet Fever immediately upon her return. Further investigation led to nothing, and no other case resulted until late in the year. No deaths occurred.

DIPHTHERIA.

Four cases were notified, two of these being visitors, and developing the disease shortly after their arrival, in one case the

same day. The cases were mild, and, being diagnosed and treated immediately, no secondary cases followed. Three were removed and treated in Hospital. No deaths occurred.

MEASLES.

At four different periods throughout the first nine months of the year some 16 cases of measles were notified. The prompt steps taken to isolate contacts, who might possibly be secondary cases, were successful in preventing any epidemic. No deaths occurred.

PNEUMONIA.

In the early part of the year Pneumonia and Broncho-Pneumonia were prevalent, but the number of cases notified gives little indication of the actual number of cases, as we have reason to believe that considerable carelessness exists in the Medical Profession as to notification of this and some other notifiable diseases. Seven deaths were registered—0.31 per 1,000.

ENTERIC AND PARA TYPHOID FEVER.

One of each notified, the latter being a visitor lately arrived from a foreign station. The local case was exceedingly doubtful, and though on notification it was stated that the blood examination gave the specific reaction for Enteric, I failed to find it after admission, and the clinical symptoms and course of disease confirmed my opinion. No deaths.

MALARIA.

Two cases, both being of foreign origin, were notified. The presence of a considerable number of recurrent cases of Malaria in this area is a menace to the health of the public generally, from the presence of the Malarial-carrying mosquito in the Marshlands to the North of the Borough.

PUERPUERAL FEVER.

Three cases notified. One of these, from a Hospital, was stated later not to be septicæmia, and the notification was withdrawn.

OPHTHALMIA NEONATORUM.

The continued increase, though this year only very slight, of this dangerous infantile disease, must be viewed with very great concern, from its connection with Venereal Disease and the disastrous effect it has upon the eye. Unfortunately, of the 14 cases notified, no less than five have resulted in partial or complete impairment of the sight of one or both eyes.

TUBERCULOSIS.

The notifications of this are most irregular. Many of the Medical Practitioners refer all their cases for confirmation of diagnosis to the Tuberculosis Dispensary, and leave the Medical Officer in charge of this to notify, the latter having "reasonable grounds for believing that the case has already been notified," does not do so, and it frequently happens that many months may elapse before a list is received from the County Medical Officer of Health of cases of Tuberculosis not appearing in the weekly returns made to that officer. In some, the first notification received is through the Registrar's return of the death of the patient.

In every such case an enquiry is made as to the reason of the neglect of notification, but no further action is possible when one is met with the answer that they have "reasonable grounds for believing that the case has already been notified," and that there is, in a health resort of this character, reasonable grounds on the part of the Local Authority for assuming this answer to be correct.

The treatment of Tuberculosis cases is under the County Authority, but the Local Authorities have asked the County Authorities to make use of their Isolation Hospital for such cases as decline their Sanatorium treatment, generally in consequence of distance from their homes and relatives, and are of such a character as to be unfitted to be left in their own homes. The subject is not definitely settled. Thirteen deaths from Pulmonary Tuberculosis and four from other forms were registered, equalling respectively 0.57 and 0.17 per 1,000 of the population.

VENEREAL DISEASES.

Action under this is carried out by the County Authority with the co-operation of the Local Authority. No Clinic exists within the area, though there is one in the immediate neighbourhood. There is much need for further facilities in this direction in the Borough area, as from all available information, these diseases are proportionately more rife in this area than in any other part of the County.

SMALL-POX.

No cases and no action under the Public Health (Small-Pox Prevention) Regulations, 1917.

MATERNITY AND CHILD WELFARE.

Though a Maternity and Child Welfare Scheme has been in actual operation in this town since 1909, its scope was limited through lack of suitable accommodation for the scheme and from the paucity of the staff connected with it. Nevertheless, its influence upon the community as reckoned by the Infant Mortality Rate, the chief guide to the health and welfare of the Infants, was marked.

Early in 1918, suitable premises and a slight addition to the staff having been secured, an extension of the scheme was inaugurated, and within a few months the crying need of the mothers in the District for such an institution was shewn by the numbers who almost immediately availed themselves of its privileges. Within a very short period it was found necessary to double the number of days the Centre was open and to increase the length of each session from $1\frac{1}{2}$ hours to $2\frac{1}{2}$ hours.

During 1919, from various causes not under the control of the staff, the work suffered considerably, though the numbers increased, and for statistical purposes cannot be considered an average year. During 1920, though one change in the staff has been made, the work at the Centre can be said to have proceeded on normal lines. Misunderstanding as to the aims and objects of this beneficent work continues to be rife amongst a certain section of the public. The main feature of a Welfare Centre is educational or preventive. It is to advise the expectant mother in matters relating to her health so that she may be physically able to bear and nurse her infant without undue strain upon herself or danger to the child, and afterwards to guide and instruct her in the management of her infant with a view to maintaining it in good health. Its essential function is the effective supervision of the health of the infant, so that sickness may be prevented, or at least arrested in its earliest stages, the provision of facilities for the prompt treatment of such ailments and diseases as may arise, and the discouragement of indiscriminate drugging by advertised nostrums. This does not mean that the Child Welfare Centre is a dispensary for sick children. Those, unless for such minor ailments as would come under nursery treatment in any well-to-do home, are referred to the family doctor or for Hospital treatment as may be considered most suitable.

There has been a considerable increase in the numbers attending the Centre, upon the previous year, but the benefits accruing from it in the physical improvement of the children, both in the present and the future, cannot be measured by num-

bers or statistics, but if an actual monetary value could be placed upon these and a balance sheet provided year by year with a Dr. and Cr. Account, the credit balance would be of such magnitude as to quieten once and for all the carping criticisms of those who are unfamiliar with the work carried on, and can only see the debtor side of the department dealing in preventive work. The *total net* cost to the local rates of the Maternity and Child Welfare Scheme is considerably less than the equivalent of a penny rate.

The general arrangements of the Welfare Centre are that on receipt of a notification of birth a visit is made immediately after the lapse of 10 days—the period during which the midwife or nurse is in attendance—by one of the Health Visitors, and the mother is invited to bring the infant to the Centre. Failing this, a Health Visitor continues to visit at such intervals as her judgment considers necessary. With one exception, the midwives co-operate most heartily with the Health Visitors, advising their clients to come to us. In the exceptional case the Health Visitors find that the mothers are advised not to admit them and not to have any dealing with the Infant Centre, but generally find that with a little tact and further information this instilled prejudice is broken down.

At the Centre, on two afternoons weekly, the three Health Visitors, with the Medical Officer, are invariably present, also two ladies of the Auxiliary Committee. Each new entry at the Centre is seen by the Medical Officer, who sees such other children as are referred to him by the nurses, or at the request of the mother, at such intervals as seem necessary. At the same time, the Medical Officer exercises a general supervision over the work when not engaged in special consultations. Ante-natal work does not progress at the same rate as the infant work, being dependent more on the co-operation of the midwives.

The institution of the Maternity Home at the Princess Christian Hospital has been of undoubted value, though the number of cases has to be limited. Only such cases as are without a home of their own, that is, in lodgings, or where the house or domestic conditions are entirely unsuited, are considered.

The greatest difficulty found is in dealing with such children as are deprived of their mothers, and those where it is necessary for the mother to leave them daily to proceed to work; the majority of these latter are unmarried mothers.

Suitable foster-mothers with homes suitable for the reception and rearing of an infant can rarely be found. Both are

essential. If found the monetary payment required is generally beyond the means of the mother. The failure of the scheme, at the eleventh hour, for the inauguration of a Day Nursery and Creché is a serious drawback to the attempt to save suffering, ill-health, bad development and the premature death of infants.

Co-ordination with the School Medical Service is secured by the Medical Officer being also School Medical Officer and all the Nurses being School Nurses. The Staff act in close co-operation with the Salisbury Diocesan Association for Preventive and Rescue Work. A Ladies' Auxiliary Committee render assistance to the staff generally. The incidence of infectious disease amongst infants is dealt with generally under the heading of Infectious Diseases, but special attention is called to the entire absence of deaths from Diarrhœa and Enteritis in children under two years of age. The average death rate for these diseases per 1,000 births for the whole country is 8.3, for the 148 smaller towns, amongst which we are classed, 7.8; whilst for the second successive year we are 0.00. A considerable number of cases of Diarrhœa and Enteritis were seen at the Centre, but the immediate advice available, as during the hot summer months when these diseases are rife, the mothers are advised to come with their children on the first symptom, without waiting for the usual day of the Centre being opened, has tended greatly to this satisfactory condition.

BIRTHS.

Actual, 571, equal to 24 per 1,000; corrected, 515, equal to 21.7 per 1,000. The former is the highest number and rate recorded. The actual figures are increased slightly by the institution of a Maternity Ward at the Princess Christian Hospital receiving patients from the County generally. Illegitimate births, actual 39, equal to 6.8 per cent. of the whole; corrected, 29, equal to 5.6 per cent. This is a diminution upon the four previous years, the average for the five previous years being 8.7 per cent.

DEATHS.

Actual 286, rate 13 per 1,000; corrected, 261, rate 11.6 per 1,000.

INFANTILE DEATH RATE.

Actual, 26, equal to 45 per 1,000 actual births; corrected, 20, equal to a rate of 38 per 1,000 corrected births. These are the lowest ever recorded, the previous lowest rate, that of 1914, being 47.

Maternity and Child Welfare Centre.

Staff	1	Medical Officer
	1	Superintendent or Chief Health Visitor
	2	Other Paid Officials—Health Visitors
Mothers and Infants	418	No. of New Children Registered.
	601	No. of individual children attending during the year.
	3074	Total attendances of infants under 1
	1654	Total attendances of children from 1 to 5
	46.3	Average Attendance of Children per Session.
	4647 45.5	Total & average attendances of adults
	334	No. of individual mothers & children treated by M.O.
	1072	Total No. of consultations with M.O.
	5	No. of children referred for Hospital treatment
	480	No. of first visits paid to homes of infants.
	2313	No. of re-visits paid to homes of infants
Ante Natal	120	No. of individual expectant mothers attending Centre
	165	Total No. of attendances of such
	40	Total No. of Ante Natal visits
	30	Consultations with Medical Officer
	18	No. of mothers admitted to Maternity Ward of Hospital
Milk (Mothers & Children's) Order	34	No. of mothers and children receiving gratuitous supplies of milk or virol
Mothercraft.	1	No. of lectures to school children
	20	No. of children attending each lecture
Home Nursing	148	No. of visits paid.

SANITARY ADMINISTRATION.

- (1) *Staff*. The Staff of the Health Department consists of ::
- (1) Medical Officer of Health, in administrative control.
 - (2) Sanitary Inspector, who is also Inspector under the Housing Acts and Meat Inspector.
 - (3) An assistant to the above, with three men engaged in the working of the Disinfector, drain testing, cleansing of conveniences, and other Sanitary work.
 - (4) Senior or Superintendent Health Visitor, who is also a qualified Sanitary Inspector, and carries out such inspection of premises under the Factory and Workshops Act as employ females, with two additional Health Visitors, all being engaged as School Nurses.
 - (5) One Clerk.

The work of the Staff has given entire satisfaction throughout the year, being carried out conscientiously, expeditiously, and thoroughly. They are barely sufficient to carry out the normal work of the Department. Any further work thrown upon them through the Legislature, and it is an exceptional year that does not see an addition to the duties of the Public Health Officials, or an outbreak of Infectious Disease to any extent will require an additional Inspector.

DISINFECTION.

Disinfection of rooms is generally carried out by means of a Mackenzie Pneumatic Sprayer and Formaldehyde, though other disinfectants are substituted as occasion requires.

Disinfection of clothing is by a Washington Lyons Disinfector, steam being had from the Destructor adjoining.

Seventy-nine rooms were disinfected and 7,797 articles.

(2) *Hospital Accommodation*. The Borough Isolation Hospital is situated in the Rural District of Weymouth, about two miles from the Town, and stands in $5\frac{1}{2}$ acres of land. It consists of a Central Administrative Block, six detached blocks of two wards each, with the necessary duty room and other appurtenances. It provides accommodation for 70 patients and six different diseases.

The permanent staff is fixed at Matron, six nurses and the necessary domestic staff. During the year we have been able to carry on with one nurse less.

Additional Accommodation. Kitchen, dining room and sleeping quarters for the domestic staff have been added. This

has also allowed a dining room for the nursing staff to be provided from a conversion of a part of the old quarters. The comfort of the staff generally has now, after many years of struggle, been secured.

The Admissions. The major portion of these, being from areas outside the Borough, are as under:—

Scarlet Fever.	Diphtheria	Cerebro-Spinal Meningitis	Measles	Enteric Fever	Pneumonia	Whooping Cough	Mumps	Scabies	Observation	Total
14	4	1	11	2	1	3	1	1	1	39

During the financial year ending 31st March, 1920, there were 869 "patient" days. The maintenance (food and drugs only) per head per day, including the staff, is at the rate of 1s. 10½d.

THE ADMINISTRATION OF LOCAL ACTS OR GENERAL ADOPTIVE ACTS.

The Public Health Acts Amendment Act, 1890, and the Public Health Acts Amendment Act, 1907, have been adopted, and full use is made of their sanitary clauses. The Weymouth and Melcombe Regis Corporation Act, 1914, supercedes the Weymouth Improvement Act, 1897, and gives further and most useful powers not specially defined in or found lacking in the Adoptive Amendment Acts. Section 57 removes the distinction between a "drain" and a "sewer" where two or more houses belonging to the same owner or belonging to different owners have a combined drainage. In former years much delay and friction arose over this definition; now happily it cannot arise.

Sections 60 and 61, dealing with the reconstruction or repairing of any drain, without giving notice to the Corporation and carrying it out in accordance with the Bye-laws, have also had useful results. Section 67 has given the necessary powers to deal with silted and blocked channels extending the marshlands in the neighbourhood, but this has not yet been effectively enforced.

It has not yet been needful to put into action Sections 69 and 70, dealing with infectious diseases.

Section 71 gives most useful powers regulating the manufacture and sale of ice cream, and for the first time has been effectively used.

Section 74, dealing with houses infested with vermin, has been invoked, with effect.

Section 77, dealing with the provision of regulation dust bins, has not yet been enforced. A beginning had been made prior to 1914, under the Public Health Acts, to enforce this absolutely necessary sanitary provision, and some headway had been made, but all action ceased during the war period. Nothing can be more unsightly, more insanitary, and in some cases nauseating than the varied filthy, uncovered receptacles placed on the pavements, awaiting the attention of the dustmen, whilst dogs and cats rummage among the unsavoury contents and strew them on the roadway, or when "emptied" with a foul-smelling residuum adhering to it, awaiting the attention of the occupier to return it to the backyard and pollute the atmosphere, and serve as a lure to flies, which afterwards feed and defecate on the sugar, milk or food, polluting these; yet the Corporation, having asked for and obtained special powers, will not now sanction its enforcement.

Section 78, prohibition of inflating animal carcasses, is now being enforced.

Sections 75, 76 and 79, as regards tenements, and even in the latter as regards new buildings, are not invariably complied with.

ARRANGEMENTS FOR CHEMICAL AND BACTERIOLOGICAL WORK.

Any chemical analyses required are sent to the Public Analyst. No action has been taken under the direct supervision of the Public Health Department during the year.

Bacteriological work is carried out by the Medical Officer of Health. Little has been required beyond the examination of fluid for one suspect case of Cerebro-Spinal Meningitis, found negative, 18 swabs of suspected cases of Diphtheria for private medical practitioners, and 30 examination of suspect throats for the School Medical Officer, with one Widal for Typhoid or Paratyphoid.

HOUSING.

GENERAL HOUSING CONDITIONS IN THE DISTRICT.

(1) (1) Conditions remain as formerly; one cannot add more to what has been written for years past, that the need for houses—fit for human beings to live in, not the tumble-down, back to

back, airless, sunless, insanitary hovels, relics of the pre-reform days, when houses were run up solely for the purpose of manufacturing Parliamentary votes, which are in present use—continues to increase. (2) Extent of shortage or excess: (a) I estimate the shortage of houses for present use and in the immediate future as not less than 300, probably more. (b) Measures taken or contemplated to meet any shortage: Land has been secured and a scheme sanctioned for the erection of 150 houses. At the end of the year the roads and sewers were under construction. (3) The reduction in the number of employees at Whitehead's Torpedo Works (outside the area) has to a slight extent relieved the congestion arising from two or three families occupying one working-class house not adapted for a tenement dwelling, and the contemplated closing of the Works entirely will also tend in the same direction; otherwise it is unlikely that any important change in the population will occur.

(2) *Overcrowding.* Whilst overcrowding of houses is prevalent, it is the individual room or rooms of houses occupied by two or more families that are the worst. Taking the houses as a whole, in many of these it frequently does not exceed two adults to a room, but taking the individual family, we find perhaps three people occupying two rooms and a kitchen, whilst five to seven or more occupy one sitting room and one bedroom. It is impossible in these cases to do more than advise the securing of an extra room. The dearth of houses, the refusal of the landlords generally, in the rare event of a house becoming vacant, to let it to people with a family; in many cases the refusal to let a house at all, only to sell, has so seriously handicapped the Local Authority that notices to abate overcrowding cannot be enforced. The congestion is involuntary. They are only too anxious to secure a house of their own were such available. The Public Health Offices might be considered that of a house agent from the large number of applications made by distressed mothers to assist them in securing a house of their own.

(3) (a) *Fitness of Houses.* As mentioned previously, a portion of the Town dates back to the pre-reform days and earlier; it contains therefore many courts and alleys, sunless and airless, with old houses, back to back many of them, others with only a shadow of area at the rear, without a damp course, damp walls, windows with only the bottom sash to open, and that generally without a weight counterpoise, without food store, without proper provision for the disposal of waste water, with low roofs, and bedrooms with insufficient means of ventilation, with defec-

tive roofs and walls, requiring in many cases entire re-construction. Many of the working-class houses built more recently than above are of the terrace type, long rows built by speculative builders, without proper and efficient supervision of the Sanitary Authority, and can only be classed as jerry-built; others of more recent date are, comparatively speaking, of a fair standard.

(b) General Character of Defects found to exist in unfit houses. These are enumerated under the above.

(c) In the case of the courts and alleys, the owners have for many years, owing to the knowledge that their houses had been inspected and reported as unfit, done little or nothing to them, with the result that in one row upon which closing orders were made this year, the roofs have practically fallen in; others are not so bad as this. There is no doubt that the dilapidations are much greater than they should have been in consequence of the insecurity of tenure. In others, from the general depreciation of the property in pre-war days, the lack of funds by the owner, and from dilapidations of bad tenants, the houses have got into a bad state of repair.

(2) General action taken as regards unfit houses. Prior to 1914 active measures were being enforced under the Public Health Acts Amendment Act, 1907, and to a lesser degree under the Housing Acts, to make these latter type of houses in all respects reasonably fit for habitation. From 1915 to 1919 action generally, unless in grave cases, was suspended, but resumed in this latter year, but owing to the high price of materials, with more difficulty than formerly. During the past year action has been taken under Section 28, Housing Acts, 1919.

(4) *Unhealthy Areas.* Three representations have been made as regards unhealthy areas and been accepted by the Council. These are: (1) East Street area, including some of the worst and most congested Courts, upon some of which Closing Orders have been made, but cannot be enforced at present. (2) High Street and West Plain area, containing a jumble of houses of all descriptions, a few good, the remainder old and dilapidated, insanitary, and many without any area or yard space. (3) St. Leonard's Road and Franchise Street area, containing small, two room, back to back houses, with practically none of the conveniences and necessities of a modern, healthy home. Other areas will be dealt with in the immediate future.

(5) Bye-laws relating to houses, houses let in lodgings, and tents, vans, sheds, etc. (1) as to working of existing Bye-laws. (a) Building Bye-laws. In previous years I have reported that

these were not strictly administered, more especially as regards open-air space or area around buildings. This has again been ignored where reconstruction or addition has been made to existing dwellings in already congested areas. I have urged also that Bye-law No. 110 of the Building Bye-laws should be amended to the effect that no new building should be allowed to be occupied until a certificate has been received that it is fit for habitation, and that where the word "Surveyor" occurs the words "and Medical Officer of Health" should be added. The general relaxation of the bye-laws as to the height of rooms and allowing the construction of wooden buildings as a temporary measure is not in my opinion likely to be to the ultimate benefit of the public health. Such wooden huts as have been sanctioned, are not likely to benefit the class the relaxation is intended for, viz., the artizan class. As only one has yet been occupied, I can only theorize from appearances and cost, but this one from the multifarious occupations and uses it is put to, can hardly be classed as an artizan dwelling.

(b) Bye-laws as to houses let in lodgings were sanctioned in 1913 and began to be enforced in 1914. Since then, from the dearth of dwellings and the large number of houses occupied by two or more families, it has been found practically impossible to enforce them. An additional Inspector would be necessary.

(c) Tents, Vans, Sheds, etc., are mentioned elsewhere.

(2) As to need for new Bye-laws or revision of the existing ones. When normal conditions as to sufficient houses, reasonably fit for habitation, return, the existing Bye-laws as to houses let in lodgings, should be superceded by others made under Section 26, Housing and Town Planning Act, 1919.

(6) *General and Miscellaneous.* Much of the work of former years undertaken under Section 17 of the Housing Acts of 1909 still remains incompletd.

West Plain area. Representations under Part 2 of the 1890 Act made in 1911; part of the property purchased and demolished, the remainder nothing done. This is now included in the representations made under Part I. for area No. 2.

Harmony Court, Nos. 1 to 6. Demolition Orders made 1913, now at the end of the year in process of being partially complied with.

Park View Cottages. Demolition Orders made 1912 not yet fully complied with. This is a particularly bad case, as the remaining building seriously encroaches upon the air space of a new house allowed to be erected upon part of the space.

Old Three Tuns, Maiden Street. Closing Orders made 1917; Demolition Order postponed; allowed to be occupied as workshops. I have reported this place as being a nuisance and that demolition is necessary.

Clarke's Court. Closing Orders made 1918 and 1919. Demolition Orders not made. Now included in No. 1 (East Street) insanitary area.

The systematic inspection of dwelling-houses, suspended since 1915, has been resumed, and houses are now being dealt with street by street.

APPENDICES.—Housing Conditions.

Statistics for the year ended 31st December, 1920.

1.—GENERAL.

(1) Estimated population	22508
(2) General death rate	11.6
(3) Death rate from tuberculosis	0.75
(4) Infantile mortality	38
(5) Number of dwelling-houses of all classes	4965
(6) Number of working-class dwelling-houses	3320
(7) Number of new working-class houses erected	1

2.—UNFIT DWELLING-HOUSES.

I.—Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	234
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	70
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	13
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	151

II.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	3
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III.—Action under Statutory Powers.

A. Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	9
(2) Number of dwelling-houses which were rendered fit—	
(a) By owners	3
(b) By Local Authority in default of owners	Nil
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close.	Nil

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	60
(2) Number of dwelling-houses in which defects were remedied—	
(a) By owners	50
(b) By Local Authority in default of owners	Nil

C. Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders	13
(2) Number of dwelling-houses in respect of which Closing Orders were made	13
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	Nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made	Nil
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil

3.—UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to Improvement Schemes under (a) Part I. , or (b) Part II. of the Act of 1890 :—

(1) Name of area	...	No. 1 : East Street No. 2 : High Street No. 3 : Franchise Street and St. Leonard's Road
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(2) Acreage	
(3) Number of working-class houses in areas	94
(4) Number of working-class persons to be displaced	402
4.—Number of houses not complying with the build- ing bye-laws erected with consent of Local Authority under Section 25 of the Housing, Town Planning, etc., Act, 1919	1
5.—Staff engaged on housing work with, briefly, the duties of each officer	1
Sanitary Inspector as Housing Inspector, Inspec- tion, Recording and Supervision (with one Assistant for this latter) of all work carried out.	

1.—Inspection of Factories, Workshops and Workplaces,
Including Inspections made by Sanitary Inspectors
or Inspectors of Nuisances.

Premises	Inspections	Written Notices
Factories, including Factory Laundries ...	33	5
Workshops, including Workshop Laundries	87	1
Total ...	120	6

2.—Defects found in Factories, Workshops and Workplaces.

Particulars	Number of Defects	
	Found	Remedied
Want of Cleanliness ...	5	5
Want of drainage of floors ...	2	2
Other nuisances ...	2	2
Sanitary accommodation :		
Insufficient... ..	3	3
Unsuitable or defective	4	4
Not separate for sexes ...	3	3
Total ...	19	19

3.—Home Work.

OUTWORKERS' LISTS, SECTION 107

NATURE OF WORK.	Lists received from Employers						Notices served on Occupiers as to keep- ing or sending lists.
	Sending twice in the year			Sending once in the year			
	Lists	Outworkers		Lists	Outworkers		
		Con- tractors	Work men		Con- tractors	Work- men	
Wearing Apparel: Making, Etc.	20	...	46	2	...	2	40
Furniture and Upholstery	2	...	2	...	..	...	...
Total	22		48	2		2	40

4.—Registered Workshops.

Workshops on the Register (s. 131) at the end of the Year.	Number
Workshops Bakehouses	16
Total number of Workshops on Register ...	208

5.—Other Matters.

Class	Number
Matters notified to H.M. Inspector of Factories:	
Failure to affix Abstract of the Factory and Workshops Acts (s. 133, 1901)	Nil
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (s. 5, 1901).	
Notified by H.M. Inspector	4
Reports (of action taken) sent to H.M. Inspector	4
Other ... ..	...
Underground Bakehouses (s. 101) in use at the end of the year	Nil

ANNUAL REPORT

ON THE

EDUCATION (ADMINISTRATIVE PROVISIONS) ACT

OF THE

BOROUGH OF WEYMOUTH

AND

MELCOMBE REGIS,

FOR THE YEAR 1920.

BY

W. B. BARCLAY, L.R.C.P., D.P.H., ETC.,

SCHOOL MEDICAL OFFICER.

**TO THE EDUCATION COMMITTEE OF THE BOROUGH
OF WEYMOUTH AND MELCOMBE REGIS.**

LADIES AND GENTLEMEN,

I have the honour to submit to you for presentation to the Board of Education, in accordance with their memorandum, marked Form 6 M and dated December, 1920, my twelfth Annual Report as School Medical Officer.

The memorandum, together with the Schedule accompanying it detailing the "Suggestions for the arrangement of Annual Reports by School Medical Officers," are too lengthy for reproduction, but the following paragraph explains the reasons given for the re-arrangement of the Report: "In Section C of Circular 596 issued to the Local Education Authorities in August, 1908, the Board made some suggestions regarding the scope and arrangement of the School Medical Officer's Report, and Reports from most areas have followed these lines ever since, except, of course, for natural curtailments and simplifications during the war.

"IN VIEW, HOWEVER, OF THE GROWTH OF THE WORK AND THE EXTENSION OF THE SCOPE OF THE SCHOOL MEDICAL SERVICE DURING THE PAST TWELVE YEARS, THE TIME SEEMS OPPORTUNE NOW FOR RECONSIDERING THE GENERAL ARRANGEMENT OF THE REPORT."

During the past year there has been a further extension of the work as regards treatment in all branches, but I regret that suitable arrangements could not be made as regards treatment of diseases of the nose and throat, though it is hoped that some mutual agreement with a Hospital may be reached in the near future. Failure also resulted in our attempt to secure the X Ray treatment of Ringworm of the Scalp.

For the latter portion of the year the services of a second Dental Surgeon were secured, allowing us to extend this treatment to all ages.

The provision of a dinner to necessitous children was inaugurated at the opening of the Schools in January. Without the co-operation of the Head Teachers and their staff much of the work of the School Medical Service would be nullified. While

all the Teaching Staff must receive their meed of praise, some have been more enthusiastic than others, and in such cases the records of success in approaching ideal conditions have been correspondingly greater.

Your obedient Servant,

W. B. BARCLAY,

School Medical Officer.

GENERAL INFORMATION.

The Education Authority for the Borough is the Town Council, who have delegated their powers, except the financial provisions, to the Education Committee, which consists of 22 members, of which 13 are members of the Town Council, six are co-opted members, one representative nominated by Weymouth College, one representative nominated by the teachers in the Elementary Schools, and one representative nominated by the Free Church Council. Two of the co-opted members are ladies.

The number of Elementary Schools is seven, five non-provided, two provided. These represent 14 departments, four boys, four girls, five infants and one (the Roman Catholic School) a mixed school of boys, girls and infants. The authorised accommodation as returned to me is 3,300. The average number of children on the register is 2,911; average attendance 2,681.

At Holy Trinity Schools the margin between the average attendance and the available accommodation is very slight.

Staff. This consists of School Medical Officer, two-part time School Dentists, three School Nurses, School Attendance Officer, and Clerk.

Co-ordination of their work with that of other health services is secured by the School Medical Officer being Medical Officer of Health and Medical Officer to the Infant Welfare Centre, and to the three School Nurses being jointly Health Visitors under the Maternity and Child Welfare Act, under which debilitated children under School age are supervised and cared for.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene. Recommendations for improvement of the sanitary conditions of the Schools.

From 1908 to 1915 full reports as to the sanitary defects at the various Schools were made. Some few of these were considered and acted upon, but the majority have been ignored. Of these latter, some were the subject of reports by H.M. Inspector of Schools and by the Head Teachers of the Schools to myself, the Education Committee or the School Managers.

St. John's School: Boys. Urinal and w.c. accommodation require reconstruction; as at present they are a nuisance, and remediable under the Public Health Acts. Provision of sufficient and covered lavatory accommodation. Provision of modern desks; this latter is the more needed in consequence of the lighting being defective, and the present long and obsolete type of desks do not lend themselves to making the best use of the light.

Infants. Reconstruction of urinals and w.c. accommodation, which are at present a nuisance. Provision of suitable and sufficient sanitary accommodation for the staff. Provision of lavatory accommodation and means of supply of drinking water. Better provision of cloak-room accommodation. Provision of modern desks. Removal of platform from classroom. Removal of ash pit from playground and provision of a suitable sanitary bin.

Girls. Improvement of lavatory accommodation and provision of modern desks.

The playground for the Girls and Infants' Schools is joint and insufficient. Proper provision should be made in each department of this School for the drying of children's clothes and boots.

St. Mary's: Infants. Conversion of automatic flushing system of w.c.'s to individual flushing cisterns. Extension of windows downwards to improve lighting of rooms and remove prison cell conditions. Provision of modern desks.

Girls. Extension of divisions of classrooms to the ceiling. Extension downwards of windows in two classrooms and improvement of lighting conditions in central hall. Provision of modern desks. Playground for both departments insufficient. Proper provision should be made in each department for drying of children's clothes and boots.

Holy Trinity: Boys. Provision of sufficient lavatory accommodation. Provision of modern desks. Improvement of lighting of one classroom. Removal of platform in one classroom.

Girls. Provision of modern desks.

Infants. Provision of modern desks and tables, removal of platforms from classrooms. Proper provision should be made for drying the children's clothes and boots. Provision of sufficient lavatory accommodation.

Cromwell Road School (all departments). Improvement of ventilation in classrooms.

St. Paul's Infants' School. Replacement of curtain dividing large room by sliding partition.

The cleansing of the Schools generally is satisfactorily carried out, with the exception of St. Mary's, which still continues to be unsatisfactory. Heating is now generally satisfactory throughout.

MEDICAL INSPECTION.—METHOD AND ARRANGEMENT.

At the beginning of each term a schedule of dates for Medical Inspection is sent by the School Medical Officer to each school department, which with, the exception of St. Paul's and St. Augustine's, is arranged that each Department is visited every third week. Each child admitted to a school, irrespective of age, has a Medical Inspection Schedule made out for it, and at the earliest possible period is presented for Medical Inspection. Inspection begins at 8.45 a.m. and lasts one hour on an average.

(a) The age groups are (1) entrants, (2) on removal at age of seven from Infant Schools to other departments, (3) leavers, (4) all transfers from other areas irrespective of age.

(b) The Board's Schedule of Medical Inspection is followed in its entirety.

(c) The arrangement made for early inspection of every child admitted secures the early ascertainment of defects, crippling or otherwise. Many of these latter, however, have been under the observance of the staff, in their joint capacity under the Maternity and Child Welfare Act from infancy.

(d) The Routine Medical Inspection only interferes with from 12 to 18 scholars from 8.45 a.m. to 10 a.m.; special inspections for verminous conditions, etc., are taken class by class and interfere very little with the curriculum. For treatment at the School Clinic no child ought to be absent more than one hour, times being arranged and as far as possible adhered to. Dental

Clinic: Specified hours of appointment are made. Unless after extractions, the child returns to school. The Dental Clinic only lasts three hours twice weekly.

FINDINGS OF MEDICAL INSPECTION.

The co-ordination of the School Medical Service with the Staff of the Health Department, including Maternity and Child Welfare, during a lengthened period of time, and the continuity of service of the School Medical Officer and the Senior Health Visitor during the whole period of the Education (Administrative Provisions) Act, 1908, has now begun to show the result aimed at by the close union of the above services.

The confidence of a majority of those who at the inauguration of these services, were senior scholars, was secured from the first; this was increased and extended to others by the knowledge derived of the benefits accruing to their junior relations. As these become mothers and fathers, the Infant Welfare Centre rendered them advice and assistance, and the second generation are now entering the Schools, educated to the point of looking to the officials of these services as their friends and advisers, and seek their advice not alone on health matters, but upon many subjects, not directly related thereto. This naturally has led to the point aimed at, namely, that defects or possible defects, are brought to our notice practically in infancy and remedied before the commencement of school life, with the result that as the years pass, the findings of the Medical Inspections become more and more of minor degree. In a Town of this character (except during the war years) immigration is of slight extent, and the majority of defects are confined to these immigrants and to that section of the community, who, from some obsession, consistently reject the services or attention of anyone considered to be an official.

(a) *Uncleanliness.* Owing to the removal to a great extent of the parental control during the years of the war and to the disinclination of the father on his return to civil life to reinstate his authority, not caring, as so many put it, "to cross" their children after their long absence, there has been a considerable increase in verminous conditions, more noticeable among the elder children than amongst the Infant classes. This increase may also to a certain extent be accountable to increased supervision on the part of the School Nurses, an additional nurse during the whole of this year allowing of more systematic inspection. The verminous conditions have rarely been bad, all

cases of nits in the hair being recorded. It is difficult to get parents to recognise that "nits" are potential insects, and whilst they will recognise and deal with the live vermin, few will attempt to remove the "nits.-" Educational pamphlets are sent in each case, with full particulars as to treatment.

The average number of visits made per annum by the School Nurses to Schools is 129, and the total number of examinations of children made by them is 5,168. Four hundred individual children were found to be unclean. Out of this total it became necessary to serve cleansing orders upon 21. Of these, 11 complied with the order whilst 10 were compulsorily cleansed.

One case was afterwards prosecuted for a relapse. The cleansing is carried out at the Cleansing Station attached to the Corporation Disinfecting Station, and where verminous conditions of the clothing exist, the latter is passed through the Steam Disinfector. Though there has been an increase in the numbers compared with 1914, the improvement over the conditions found in 1908 and 1909 is great. A record of legal proceedings is attached:—

RECORD OF PROCEEDINGS TAKEN AND RESULT.

(1) By School Attendance Officer	Result
1) No. of Parents reported under Section XI. Elementary Education Act, 1876	86
(2) No. of Children affected	104
(3) No. of prosecutions ordered for above	15
(4) No. of prosecutions ordered for non-compliance with orders made. Section 12 Elementary Education Act, 1876	Attendance orders made in all.
	Fines imposed totalling £2 15s. including costs in in two cases. Industrial orders made in 2, to be suspended as long as child attends School regularly.
	4
(2) By School Medical Officer.	
(1) Under Sect. 12. Children's Act, 1908, for neglect to provide suitable spectacles for defective vision.	Adjourned 1 week to bring rebutting Medical evidence, then fined 10s. and to provide glasses.
(2) Under Sect. 122 (4) Children's Act, 1908, for relapse after being compulsorily cleansed.	Fined 5s.

- (b) Minor ailments are principally limited to Catarrhal conditions, abscesses, boils, neglected cuts, and wounds and other surgical work.
- (c) Tonsils and Adenoids. These, as in former years, form the most prominent list of defects, especially enlarged tonsils.
- (d) Tuberculosis. The few cases of Tuberculosis of the Lungs found have been in entrants and in the early or incipient stage. The nearly total absence of Rickets during the past 12 years is rather remarkable. Tubercular disease of the glands and skin have been absent; two cases of Tuberculosis of the bones (spinal) were noted.
- (e) Skin diseases are few and of the simplest. A few cases of localized eczema, some of impetigo, and cases of ringworm and scabies were found.
- (f) External Eye Disease. Blepharitis and an occasional case of conjunctivitis are all that were found.
- (g) Defects of vision remain about the average of former years. Few of these were of serious import, and all have been remedied by provision of glasses.
- (h) Ear Disease and Hearing. Only a few cases of Otorrhea, perforation of the membrane and impaction of wax have been found. One case of deafness was found of congenital origin (imperforate meatus).
- (i) Few children are found with a perfect mouth; despite continual instruction by the teaching staff, the care and cleansing of the teeth, even in the upper standards, are much neglected.
- (j) Crippling Defects. Only one new case of such was detected, an immigrant, leg wasted from Infantile Paralysis, but able to attend school.

INFECTIOUS DISEASES.

The School Attendance Officer, with the School Medical Officer and the School Nurses, attend the Inspection Clinic each morning, where children desiring certificates for non-attendance at school for illness are seen and parents come or send a notification of illness if the child is unable to be present. Teachers also notify daily the absence of any child, and the reason given, if any, for such absence. According to the report made, the School Attendance Officer or the School Nurse, or, if considered necessary, the School Medical Officer, visits the house. If infectious disease is present in any area, all absentees are visited without delay, unless a certificate of the cause of absence has been sent.

Where an infectious disease (notifiable or non-notifiable compulsorily) has been brought to the notice of the School Medical Officer, he as Medical Officer of Health serves notice under the Public Health Acts Amendment Act, 1907, Section 57, forbidding the attendance of every child "who is or has been suffering from Infectious Disease or has been exposed to infection" until a certificate has been received from the Medical Officer of Health that such child or children may attend without undue risk of communicating such disease to others.

In times of epidemic of Measles inspection of contacts at schools is made at intervals corresponding with the period of incubation of the disease, and if necessary daily, for detection of premonitory symptoms, special attention being given to the detection of Kopelks spots. Though several cases of Measles were reported at intervals through the year, the measures taken, as indicated above, were sufficient to prevent any general outbreak. Similar steps are taken to deal with cases of Chicken-Pox, Whooping Cough, Mumps and Scarlet Fever. In Diphtheria cases, all contacts are swabbed, and those giving a positive bacteriological return are excluded from school and kept under observation until they give a negative reaction.

No School Closure has been necessary during the year.

Following up. Where a physical defect or any condition requiring amendment is found an Index Card of this is made out, notice of this is sent to the parent or guardian, stating generally how the condition may be remedied or that medical attendance is required. If considered necessary, a School Nurse visits the house and advises, if the case is beyond the scope of the School Clinic, that it be taken to their private medical attendant, or, if their circumstances do not permit of such, a Hospital ticket will be obtained. If the case is one for institutional treatment, every assistance is rendered to secure admission to the institution recommended.

During the year the School Nurses paid 508 visits to the homes of parents, carried out treatment of 21 cases of Ringworm with 224 attendances, of 60 cases of Scabies with 183 attendances (this includes 13 adults and infants, living in the same house and affected by the disease), cleansed 10 children, and carried out the treatment recommended of 140 cases of minor ailments with 316 attendances. Six hundred and thirty-seven visits for inspection or following up of defects were paid to the various Schools.

Medical Treatment.

(a) *Minor Ailments* are, if the parents desire, treated at the School Clinic, such as Ringworm, Impetigo, slight surgical ailments, dressing wounds, Ear Disease, Skin Diseases, etc.

(b) *Tonsils and Adenoids*. Steps were taken during the year to draft a scheme for the treatment of these by one of the hospitals, but this did not fructify. A number of the cases have been operated upon by private medical practitioners, and through the hospitals by the usual means of recommendations, which the School Medical Service do their utmost to acquire. The present method is, however, totally insufficient.

(c) *Tuberculosis*. All cases are sent to the Tuberculosis Dispensary for confirmation of the diagnosis and treatment, and kept under review thereafter.

(d) *Skin Diseases*. Of these, the principal have been Scabies and Impetigo, with a very few of Eczema.

Scabies has increased of recent years, and a strict watch is kept by the Teachers and Nurses for cases attending school. Treatment of this is carried out by the School Nurses at the Cleansing Station by means of disinfectant baths and inunctions. Three attendances have invariably been sufficient to cure the worst cases. Where a case occurs, an examination is made (by consent, rarely if ever refused) of every person in the house, frequently two or more families, and free treatment is accorded by the Sanitary Authority to all who will avail themselves of it, and the clothing and bedding of the affected person is passed through the Steam Disinfector. Since this system was inaugurated and carried out in its entirety, recurrent cases in the same household have not been found.

Impetigo and other skin diseases are treated at the School Clinic or referred to the private medical practitioner.

(e) *External Eye Diseases* have been few, principally Blepharitis and slight Conjunctivitis. These have been treated at the School Clinic or by private medical practitioners.

(f) *Vision*. The number of cases of defective vision remains about the average of other years.

Cases above 6/9 are referred for treatment to the Eye Infirmary or private medical practitioners. Recommends for treatment have to be sought from private subscribers, and is a cause of delay, worry and annoyance to all concerned. The School Medical Staff consider themselves morally obliged to try and secure these, but are not invariably successful. The whole system is unsatisfactory.

(g) *Ear Disease.* These, have been some few cases of Otterhea and Impacted Wax. Treatment of most of them are carried out with success at the School Clinic. Hearing: Few cases of defective hearing are found, the majority of them being slight, and due at times to impaction of wax; in others to perforation of the membrane. One case in an Infant School of progressive deafness, with dumbness following, has been referred for removal to a deaf and dumb institution. One case where the child is reported from school as being deaf and dumb has been found to be neither during play hours, the parents being in agreement with this. One other infant is under observation similarly.

(h) *Dental Defects.* Two part-time Dentists attend twice weekly for three hours each for filling and extractions. Anæsthetics are administered by the School Medical Officer. The School Dentists make systematic inspections of all children at School, and where defective teeth are found notice is sent to the parent with the offer of gratuitous treatment.

Nine hundred and thirty notices were issued; 766 of these accepted treatment, but 130 failed to keep the appointment; nine had the courtesy to reply to the notice, stating that they were having the necessary treatment carried out by their private dental practitioner, whilst 27 controverted the need for such, one stating the decayed teeth must be allowed to fall out of themselves.

The question of action under the Children's Act in the cases of neglect to avail themselves of the treatment offered will be considered shortly.

Parents and teachers send children without notice; if urgent, they are attended to immediately; otherwise an appointment is made at an early date.

(i) *Crippling defects or Orthopædics.* No special arrangements are made by the Local Authority for the treatment of these, but the School Medical Staff have invariably arranged, for such cases as are unable to have private medical attention, to provide through the N.S.P.C.C. or private subscribers, the necessary institutional treatment and mechanical appliances.

Open-Air Education. With the exception of playground classes during the summer months, no other facilities are provided or are actually required in this seaside area.

Physical Training. No special organization apart from the school staff is provided.

PROVISION OF MEALS.

In November, 1919, I reported to the Education Committee that distress existed in the District, and that many school children were not receiving a supply of food adequate to their needs, and recommended that they should exercise their powers to provide a meal or meals to such school children as may be suffering from a lack of food.

This recommendation was adopted, and steps taken to form two School Canteen Committees to carry out a scheme. At the re-opening of the Schools after the Christmas holidays the two Canteens were opened, one for the Northern Area and one for the Southern Area. Difficulty was experienced in securing suitable buildings for the purpose.

In the Southern Area the Head Teachers were invited to report the names of the school children who were fatherless or whose fathers were out of work. These were submitted to the joint staff of the School Medical Service and the Infant Welfare Centre, who examined and investigated each case, personal visits being made to the homes in many cases. Index cards with full particulars were made out and submitted to the Committee, who reviewed and commented upon them and then selected all the cases of known and absolute necessity. The Canteen opened on January 19th and continued uninterruptedly until May 20th. The number of children admitted at various times to the meals served was 114, the average daily attendances being 73. The number of meals served was 6,328, at a total cost of £124 18s. 3d., averaging 4 $\frac{3}{4}$ d. This total comprised £88 7s. 11d. for food and £36 10s. 4d. for establishment and working expenses. It would have been impossible to have carried out this work in this satisfactory and economic manner had it not been for the loan of furniture and equipment and the assistance of voluntary workers, Headmistresses of some of the Schools and V.A.D. helpers.

I visited the Canteen frequently, and found the food supplied sufficient in quantity, quality and variation. It possessed all the essential food factors of a proper dietary. Attached is a return of the actual meals provided, with their approximate food value and cost. This has been compiled and furnished me by Mr. Campbell (Caterer for Whitehead Torpedo Works), to whom the Committee and myself are very much indebted for his voluntary and expert services.

WEYMOUTH EDUCATION CANTEEN COMMITTEE.

DINNERS FOR CHILDREN (Per 100).

			Cost.		lbs. ozs.	Nos.	£	s.	d.
			s. d.						
Beef and Kidney Pie, Potatoes, Greens	Meat (no bone)	...	1 4 lb.	10	0		13	4	
	Kidney	...	1 4 lb.	2	0		2	8	
	Onions	...	2 lb.	6	0		1	0	
	Potatoes	...	14 0 cwt.	10	0		1	3	
Pastry	Flour	...	2½lb.	9	0		1	8½	
	Margarine	...	1 0 lb.	3	6		3	4½	
	Powder	...	1 3 lb.		6			5½	
Vegetables	Potatoes	...	14 0 cwt.	20	0		2	6	
	Greens	...	1½lb.	16	0		2	0	
	Seasonings	...	...	...	...				2½
							<hr/>		
							1	8	6

Average per meal, 3.42 pence each.

Approximate food value per portion, 562.25 Calories.

SWEETS FOR CHILDREN (Per 100).

			Cost.		lbs. ozs.	Nos.	£	s.	d.
			s. d.						
Treacle Sandwich	Flour	...	2½lb.	6	0		1	1½	
	Margarine	...	1 0 lb.	3	0		3	0	
	Syrup	...	6 lb.	4	0		2	0	
	Bread Crumbs	...	2½lb.	2	0			4½	
	Powder	...	1 3 lb.		1			1	
							<hr/>		
							6	7	

Average per portion, 0.79 pence each.

Approximate food value per portion, 272.92 Calories.

Total food cost of the two portions per child, 4.21 pence.

Approximate food value, 835.17 Calories.

DINNERS FOR CHILDREN (Per 100).

			Cost.		lbs. ozs.	Nos.	£	s.	d.
			s. d.						
Meat and Potatoes, Hash, Haricot Beans	Meat (no bone)	...	1 4 lb.	10	0		13	4	
	Potatoes	...	14 0 cwt.	30	0		3	9	
	Onions	...	2 lb.	8	0		1	4	
	Carrots	...	1½lb.	4	0			5	
	Beans	...	4 lb.	10	0		3	4	
	Margarine	...	1 0 lb.		12			9	
	Seasonings	...	...	...	...			1	
							<hr/>		
							1	3	0

Average cost per portion, 2.76 pence.

Approximate food value per portion, 446.87 Calories.

SWEETS FOR CHILDREN (Per 100):

[illegible]

Average per meal, 1.62 pence.

Approximate food value per portion, 387.59 Calories.

Total food cost of the two portions per child, 4.38 pence.

Approximate food value, 834.46 Calories.

DINNERS FOR CHILDREN (Per 100).

[illegible]

Average per meal, 3.3125 pence.

Approximate food value per portion, 544.91 Calories.

SWEETS FOR CHILDREN (Per 100).

[illegible]

Average per meal, 1d. each.

Approximate food value per portion, 304.69 Calories.

Total food cost of the two portions per child, 4.3125 pence.

Approximate food value, 849.6 Calories.

For the Northern Area the assistance of the School Medical Service for the investigation and recommendation of suitable cases was not sought. I visited the Canteen weekly and found the food supplied sufficient in quantity, quality and variation. No return has been made to me of the actual ingredients of such meals and the cost thereof, or of the number of meals served or average number of children served. The numbers were at my visits very much under those of the Southern Area, and did not in my opinion warrant the provision of a separate centre.

School Baths. No school baths are provided, nor are public baths available.

Arrangements have been made by some of the Girls' Departments for the use, during the summer months at certain hours, for a nominal fee, of the Ladies' Bathing Saloons on the shore for bathing. A teacher accompanies each batch of scholars. The arrangements made are suitable, but the accommodation is inadequate to allow of the free and frequent use of these by the number of scholars in the district.

Co-operation of Parents. Prior to each Medical Inspection, a circular giving the date and hour of inspection is sent to the parents, cordially inviting them to be present. If defects exist, they are informed at the inspection.

SECONDARY AND OTHER SCHOOLS.

No provision has been made for the Medical Inspection, etc., of these

Continuation Schools have not been provided.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The whole condition of employment of children is most unsatisfactory. The Bye-laws made in 1913 under the Employment of Children Act deal only with street trading. In my Report for 1919, as in 1908, I entered fully into this subject and made suggestions for the co-ordination of the School Medical Service with the Juvenile Employment Committee, and for improved Bye-laws, a draft for these latter being submit'ed to me.

No further progress has been made, and the evil effect of part-time employment of children attending school upon their moral and physical welfare continues.

MISCELLANEOUS WORK.

Some years ago the School Medical Officer was invited to examine scholarship candidates, and consented. In that same year a few presented themselves, but it immediately fell into desuetude. The S.M.O. acts as Medical Referee between the Education Committee and Teachers suffering from prolonged illness.

Table 1.—Number of Children Inspected from 1st January, 1920, to 31st December, 1920.

A ROUTINE MEDICAL INSPECTION.

Age.	Entrants						Inter- mediate Group	Leavers						Grand Total
	3	4	5	6	Other Ages	Total		12	13	14	Other Ages	Total		
Boys...	...	1	152	32	60	245	125	22	1	49	335	580		
Girls	...	0	142	38	41	221	104	39	0	49	318	539		
TOTALS	...	1	294	70	101	466	229	61	1	98	653	1119		

B. SPECIAL INSPECTIONS.

		Special Cases	Re-Examinations (i.e. Number of Children Re-Examined.)	Number of Individual Children Inspected.
Boys ...	...	78	314	
Girls ...	...	73	897	
Totals...	...	151	1211	1270

Table II.

Return of Defects found in the course of Medical Inspection, in 1920

Defects or Disease.		Routine Inspection I		Specials.	
		Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment	Number referred for treatment	Number requiring to be kept under observation, but not referred for treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Malnutrition		23	...	...
	Uncleanliness:				
	Head	79	...	13	...
	Body	32	...	13	...
	Ringworm:				
	Head	5	...	9	...
	Body	0	...	2	...
	Scabies	7	...	13	...
	Impetigo	14	...	1	...
	Other Disease (non-tubercular)	2	...	10	...
Eye	Blepharitis.....	6	...	..	...
	Conjunctivitis .....	...	...	...	...
	Keratitis.....	...	..	...	...
	Corneal Ulcer.. ..	..	...	...	...
	Corneal Opacities.....	...	1	...	...
	Defective Vision	50	32	17	..
	Squint.....	11	...	...	...
Ear	Other Conditions.. ..	2	...	...	...
	Defective Hearing	6	...	4	3
	Otitis Media	9	...	...	...
	Other Ear Diseases... ..	6	...	4	...
Nose and Throat	Enlarged Tonsils	50	274	5	...
	Adenoids	1	21	...	...
	Enlarged Tonsils and Adenoids...	8	56	...	...
	Other conditions .. ..	...	...	...	...
	Enlarged Cervical Glands	1	...	...	...
Heart and Circulation.	(non-pulmonary)				
	Defective Speech .....	...	7	2	...
	Teeth (Dental Diseases).. ..	497	...	9	...
	Heart Disease:				
	Organic	6	3	1	...
	Functional .....	...	3	...	2
Lungs	Anæmia .....	...	...	...	...
	Bronchitis	8	...	2	...
	Other non-tubercular diseases ...	1	...	...	...
	Pulmonary				
	Definite	3	...	2	...
Tuberculosis	Suspected .....	...	...	2	2
	Non-Pulmonary :				
	Glands	1	...	...	..
	Spine .....	...	...	...	...
	Hip .....	...	...	...	...
	Other Bones and Joints.....	1	...	...	...
	Skin.....	...	...	...	...
	Other forms	1	...	...	2
Nervous System	Epilepsy.....	3	...	...	...
	Chorea .....	...	...	1	...
	Other conditions	4	...	...	...
Deformities	Rickets	2	...	1	...
	Spinal Curvature	1	...	...	...
	Other forms	6	...	...	...
	Other Defects and Diseases	27	...	8	23

**Table III.—Numerical Return of all Exceptional Children
in the Area, 1920.**

			Boys	Girls	Total	
Blind, including partially blind, within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.			Attending Public Elementary Schools	1	...	1
			Attending Certified Schools for the Blind	1	...	1
			Not at School
Deaf and Dumb; including partially deaf within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.			Attending Public Elementary Schools	4	1	5
			Attending Certified Schools for the Deaf
			Not at School	...	1	1
Mentally Deficient	Feeble Minded	Attending Public Elementary Schools	...	1	1	
		Attending Certified Schools for Mentally Defective Children	...	...	...
		Notified to the Local (Control) Authority during the Year	...	...	...
		Not at School	...	...	...
	Imbeciles	At School	...	...	...
		Not at School	..	1	1	
	Idiots		...	2	2	
			
	Epileptics		Attending Public Elementary Schools	2	1	3
			Attending Certified Schools for Epileptics
In Institutions other than Certified Schools			...	...	...
		Not at School	...	...	...
		Attending Public Elementary Schools	1	3	4	
		Attending Certified Schools for Physically Defective Children	...	...	...
Physically Defective	Pulmonary Tuberculosis	In Institutions other than Certified Schools	...	..	...
		Not at School	2	2	4	
		Attending Public Elementary Schools	2	2	4	
	Crippling due to Tuberculosis.	Attending Certified Schools for Physically Defective Children	...	...	...
		In Institutions other than Certified Schools	...	...	...
		Not at School	1	1	2	
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	4	1	5	
		Attending Certified Schools for Physically Defective Children	...	...	...
		In Institutions other than Certified Schools	...	...	...
	Other physical defectives, i.e., delicate and otherwise suitable for admission to Open-Air Schools Children suffering from severe heart disease.	Not at School	...	...	...
		Attending Public Elementary Schools	...	...	...
		Attending Open-Air Schools	...	..	...
		Attending Certified Schools for Physically Defective Children other than Open-Air Schools	...	...	...
		Not at School	...	...	...
		Dull or Backward	Retarded 2 years	41	46	87
	Retarded 3 years		4	5	9	

Table IV.—Treatment of Defects of Children during 1920

A. Treatment of Minor Ailments.

	Number of Children.			
	Referred for Treatment	Treated.		
		Under Local Education Authority's Scheme.	Otherwise	Total
Skin.				
Ringworm of Head	21	17	4	21
Ringworm of Body	4	4	..	4
Scabies	50	47	3	50
Impetigo	30	22	8	30
Minor Injuries	17	17	..	17
Other skin diseases	2	2	..	2
Ear Disease.	12	6	6	12
Eye Disease (external and other)	8	5	3	8
Miscellaneous	...	...	...	...

B. Treatment of Visual Defects

Submitted to refraction					For whom glasses were prescribed	For whom glasses were provided	Recommended for treatment other than by glasses	Received other forms of treatment	For whom no treatment was considered necessary
Referred for Refraction	Under Local Education Authorities Scheme — Clinic or Hospital	By Private Practitioner of Hospital	Otherwise	Total					
50	..	50	...	50	50	50	...	...	...

C. Treatment of defects of Nose and Throat.

Referred for Treatment	Number of Children			
	Received Operative Treatment			Received other forms of treatment
	Under Local Education Authority's Scheme, Clinic or Hospital	By Private Practitioner or Hospital	Total	
59	..	23	23	...

D. Treatment of Dental Defects.

	Age Groups		Specials	Totals
	6 to 8	9 to 13		
^a Inspected by Dentist	695	1529	193	2417
^b Referred for Treatment	605	1031	120	1756
^c Actually Treated	156	480	120	756
^d Re-Treated (result of periodical re-examin- ation),	...	...	...	123
	40 per cent required further treatment.			

D. Treatment of Dental Defects.—Continued.

No. of half days devoted to inspection	No. of half days devoted to treatment	Total No. of attendances made by the children at the clinic	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings	No. of General Anaesthetics	No. of other Operations	
			Ext.	Fill.	Ext.	Fill.			Permanent Teeth	Temporary Teeth
6	59	829	231	275	624	461	736	206	Silver Nitrate 2 Alveolar Abscess 1 Obturator for Cleft Plate 1	Silver Nitrate 5

Table V.—Summary of Treatment and Defects as shown in Table IV. (A, B, C, D, and F, but excluding E).

Disease or defect	Number of Children.			
	Referred for Treatment	Under Local Education Authority's Scheme.	Otherwise	Total
Minor Ailments ...	144	120	24	144
Visual Defects ...	50	...	50	50
Defects of the Nose and Throat ...	59	...	23	28
Dental defects ...	1756	756	...	756
Other defects ...	...	...	...	...
Total ...	2000	876	97	993

Table VI.—Summary relating to Children Medically Inspected at the Routine Inspections during 1920.

(1) The total number of children medically inspected at the Routine inspections.	1119
(2) Number of children in (1) suffering from	
Malnutrition	23
Skin Disease	28
Defective Vision (including squint)	93
Eye Disease	9
Defective Hearing	6
Ear Disease	15
Nose and Throat Disease	410
Enlarged Cervical Glands (non-tubercular)	1
Defective Speech	7
Dental Disease	497
Heart Disease	
Organic	9
Functional	3
Anæmia	...
Lung Disease (non-tubercular)	9
Tuberculosis—	
Pulmonary definite	3
suspected	...
Non-pulmonary	3
Disease of Nervous System	7
Deformities	9
Other defects or diseases	27
(3) Number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	420
(4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.)	739
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.)	362